Certificate of Qualification Underground Wastewater Disposal System Loan Program

The	(name of the local health
department) certifies that:	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
Name:	
Address:	
Telephone #:	
	rground Wastewater Disposal System Loan Program, 8317-102-5, Utah Wastewater State Revolving Fund cified in this letter.
Issuance of this Certificate of Qualification shall credit worthiness of the loan applicant or to con-	Il not be deemed to be, or imply, an evaluation of astitute a recommendation that a loan be made.
This Certificate of Qualification shall in no way from any eligible borrower.	y be deemed to be a guaranty of any payment due
Project components eligible for a loan under the Program are:	e Underground Wastewater Disposal System Loan
1.	
2.	
3.	
4	
- · · · · · · · · · · · · · · · · · · ·	ect prior to construction, inspect the installation of and otherwise administer the implementation of the
Signed:	Date:
Title:	